TRICARE Europe COMPASS Lite
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TRICARE Overseas Realignment Set For October 1

Col James Rundell
Executive Director

Several changes in the way the TRICARE overseas regions operate are on the way. The purpose of these changes is to standardize the TRICARE benefit overseas and synchronize overseas processes with those in CONUS. While overseas TRICARE areas will always be different because of the lack of a managed care support contractor, the governance changes effective Oct. 1 2004 will provide a more streamlined structure with fewer differences between overseas and CONUS, and between the three overseas regions. These changes should be invisible to beneficiaries.

Starting Oct. 1, TRICARE Europe will no longer be a Lead Agent office. All lead agents have evolved into other organizations.

In CONUS, lead agent staff positions have been reassigned to one of three TRICARE Regional Offices (North, South, & West) that correspond with the territories of the three new TRICARE CONUS contracts, or to newly established **Multi-Market Service Area** Offices (MMSAs).

The MMSAs will be responsible for coordinating care in areas where there are overlapping catchment areas of MTFs of different military services.

Examples of areas where these new offices are being established are the National Capital Area, San Antonio, Tidewater, and Puget Sound.

There is a fourth TRICARE Regional Office (TRO) for Overseas. The **OCONUS TRO** comprises all three former overseas lead agent regions. TRICARE Europe will be the **TRICARE Area Office – Europe** (TAO-Europe). The boundaries and areas of responsibility for all three overseas areas will remain the same.

The TAO-E will no longer function as an Army-led Lead Agent as of Oct. 1. The executive function will be taken over by the OCONUS TRO, headquartered in Washington D.C. RADM Richard Mayo will be the Regional Director for this new organization.

The OCONUS TRO will centralize some functions previously done separately by the overseas lead agents, including central data analysis, aspects of contract management, some marketing functions, and some web-based activities. Many of these functions, however, will be retained at the TAO-E office. The goal of centralizing some functions is to improve efficiency by reducing redundancy and improving standardization. No beneficiary or MTF processes should change in terms of interface with our office.

There is an ongoing recognition at TMA and in the new OCONUS TRO that overseas is very unique; the TAO-E office looks a lot like the TEO office in terms of functions and activities.

However, there will be a greater emphasis in the years ahead on core competencies of health plan management and direct beneficiary support.

TAO-E will continue to support MTFs and initiatives that the Executive Steering Committee (ESC) believes are important for this theater.

The ESC will continue to interpret Military Health System (MHS) strategic goals for TRICARE in Europe and will continue to develop a local strategic plan that is in alignment with MHS guidance.

TAO-E is excited to be able continue to support the unique missions and activities in this theater.

We look forward to your feedback and suggestions as this new structure unfolds over the next three months.

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How Do the New TRICARE Contracts Affect Our Beneficiaries?

Courtesy TRICARE Management Activity

The new TRICARE contracts will make the TRICARE benefit:

- Easier to Access
- More Customer-Service Focused
- More Responsive to Patients

The TRICARE health care service and support contracts will merge 11 stateside TRICARE regions into three and create one OCONUS region that covers all overseas areas worlwide.

The result is better customer service, improved portability, and access to quality health care. However, the benefit, cost and enrollment process will not change.

❶ **BENEFIT**: TRICARE benefits for patients remain the same. The new contracts are expected to enhance access to health care and simplify the administrative process for beneficiaries and providers.

❷ **COST**: TRICARE costs for patients remain the same. There is no change to deductibles, enrollment fees, copayments, catastrophic caps, or cost shares.

❸ **ENROLLMENT**: This process remain the same. Patients who choose to enroll in TRICARE Prime during the transition need to contact the new contractor for their new region. If patients in a new region are currently enrolled in Prime and wish to remain so, their records will be transferred to the new contractor.

Several Policy Changes Take Effect August 1

- Under the new TRICARE regional contracts that take effect this summer (scheduled for Aug. 1, 2004), the TRICARE Europe overseas claims processor (Wisconsin Physicians Service) will no longer be allowed to accept DD Form 2520 (the yellow claim form).

- Stateside-enrolled Reserve or National Guard members under a Presidential recall or activated overseas who obtain overseas host nation care must process claims with Wisconsin Physicians Service for care rendered on or after Aug. 1, 2004. This change is expected to eliminate many of the claims problems experienced with activated reservist claims processing overseas. International SOS will coordinate care for activated Reserve members who receive care from a Remote site covered by the TRICARE Global Remote Overseas contract.

- The revised Chapter 12 of the TRICARE Policy Manual (Overseas chapter) is also effective Aug.1, unless otherwise specified.

Leaders Meet in Prague for TRICARE Europe Council

Military Treatment Facility & Branch Medical Clinic commanders, Component Service surgeons, and senior TRICARE Europe staff met in Prague, Czech Republic from locales throughout Europe May 23-24 for the biannual TRICARE Europe Council Meeting.

The TEC meeting is a chance for medical leaders to exchange ideas and address common concerns, as well as a forum for TRICARE Europe staff to get the word out on major programs, updates, and initiatives. The following presentations from the meeting are available for download on the TRICARE Europe website. Points of contact for each briefing can also be found online.

The Military Health System – The Way Ahead
RADM Richard Mayo
Deputy Director, TRICARE Management Activity

TRICARE Europe 10 years later, in Transition Again
Col James Rundell
Executive Director, TRICARE Europe

Best Practice Presentations
– Marketing Tools, Livorno, Italy Army Health Clinic, (***MAJ Matthew Rice***)
– Two-Week Well Baby Group Checks, 31 Medical Group, Aviano AB, Italy (***Lt Col Susan Hall***)
– Streamlined Authorization for Hearing Aids, TRICARE Europe (***COL Gail Williamson***)
– Improvement in Telephone Access for USAFE MTFs, HQ USAFE, Ramstein AB, Germany (***Col Kevin Blair***)
– Deployed Warrior Medical Management Center (DWWMC) , Landstuhl Regional Medical Center (***COL Rhonda Cornum***)

Host Nation Network Quality and Adequacy
LTC George Patrin
TRICARE Europe Medical Director

TPMRC-Europe Issues
Maj Michael Taylor
Theater Patient Movement Requirements Center

Health Care Operations Update
COL Gail Williamson
TRICARE Europe Director, Health Care Operations

TRICARE Transition Update
Lt Col Diane Reese
TRICARE Europe Deputy Director

Managed Care Optimization & Analysis Tool
Capt Ted Lemon
TRICARE Europe Information Officer

TGRO Contract Modification Proposal
CAPT Mary Greenwood
TRICARE Europe Regional Operations Director

Joint Medical Information Systems
COL Mark Lyford
Executive Officer, Joint Medical Information System

Small Group Discussion Break Outs
– Reserve Component Issues, ***CAPT Mary Greenwood***
– Host Nation Mental Health Resources, ***COL Gail Williamson***
– Tools you can use for decision support, ***Capt Ted Lemon***
– Commanders Q&A Overseas Office Directors ***Col James Rundell/CAPT Paul Lund/COL Art Wallace*** *(TRICARE Europe, Pacific, and Latin America & Canada Executive Directors, respectively)*

DOWNLOAD Presentations at
www.europe.tricare.osd.mil/main/conferences/

Combined Fundamental, Professional Course Set for October, Registration Starts July 1st

TRICARE Europe will host a combined TRICARE Fundamental Course and TRICARE Professional Course in Mainz, Germany Oct. 18-21 for 100 participants.

The Fundamental Course is designed for those personnel involved in providing TRICARE assistance and counseling to beneficiaries. Major topics for this course include TRICARE eligibility, medical benefits to include TRICARE Prime Remote and TRICARE For Life, transitional benefits, pharmacy, dental, claims and appeals, and customer service. An end-of-course examination (50 questions) is given to test mastery of course content.

The primary audience for this course is Beneficiary Counseling and Assistance Coordinators (BCACs), Health Benefit Advisors (HBAs), Debt Collection Assistance Officers (DCAOs), and Contact Representatives who are on their initial TRICARE assignment.

There are no prerequisites for the Fundamental course; however, this course is not intended for those personnel who have attended a TRICARE Basic and Advanced Student Course (TBASCO), Patient Administration course (PAD), or other similar courses.

The Professional Course is offered to those personnel involved in providing TRICARE assistance to beneficiaries who have already completed a Fundamental Course, TBASCO, PAD, or other similar courses and who have been in a TRICARE position for more than two years.

You may only request to attend one course for this training event. If you would like to attend one of these courses, you may submit your request beginning on July 1 at ***http://tricareu.tricare.osd.mil***. TRICARE Europe will fund travel and per diem for approved participants. Travel days for the course will be on Oct. 17 and 22. Contact Uli Engel at DSN 496-6320 for more information.

PCS Season

Incoming Senior MHS Leaders

The following is a list of key incoming Military Health System leaders scheduled to assume command at locations across Europe this PCS season.

Navy

- Naval Medical Clinic, United Kingdom: CAPT Jonathan Cutting
- Naval Hospital Sigonella, Spain: CAPT John D'Alessandro
- Navy Europe Fleet Surgeon & 6th Fleet Surgeon: CAPT Joseph DeFao

Air Force

- 435th Medical Group, Ramstein Air Base, Germany: Col Carol Vermillion
- 52nd Medical Group, Spangdahlem Air Base, Germany: Col Jay Neubauer

Army

- European Regional Medical Command, Commanding General: COL (P) Carla Hawley-Bowland
- Mannheim, Germany clinic: LTC Robert Smith
- Wuerzberg, Germany U.S. Army hospital: COL Linda Pierson
- Schweinfurt, Germany U.S. Army clinic: LTC Louis Smith
- Kitzingen, Germany U.S. Army clinic: LTC David Carden
- Deputy Commander for Outlying Clinics, Heidelberg, Germany:
LTC Mark Smith

Medical Director's Corner

Host Nation Visits Lead to Quality Checklist

LTC George Patrin
TRICARE Europe Medical Director

TRICARE Europe, along with local military command teams, has been conducting quality monitoring site visits (SV) for the past ten months at inpatient host nation (HN) health care facilities throughout the TEO area.

We are piloting a quality of care checklist that we believe will help commanders to verify that beneficiaries are getting the highest standard of quality care when we cannot provide it in our own medical treatment facilities (MTF).

The joint, multi-disciplinary team concept has been well received by the HN hospitals. They have expressed gratitude for the chance to meet the "billpayer" to talk quality in paying claims as well as how they provide the best patient care possible.

Most foreign hospital administers have confided that these visits, where we candidly share concerns and issues about quality medical care and patient's perceptions of that care, are very informative and help to raise the standard of care for all patients, not just Americans.

Showing respect for local HN medical practices and laws, both sides learn and grow in the ability to attend to not only the patient's needs, but also those of the health care administrators who work so hard to provide quality services.

With this process we have also been able to identify areas of excellence at each site to share with others, as well as areas for improvement.

Ultimately, this information will assist all levels of command to assure that the quality of health care services at each facility meets our high standards of medical care, and if not, what we need to do to fill the quality gap.

Quality elements are grouped into five sections, with 28 total elements, for the team to consider:

❶ General: Addressing provider satisfaction with Tricare, patient privacy, and handicapped parking.

❷ Personnel: English language capability of hospital staff, especially nurses, medical provider credentials, religious counseling, and patient representative availability.

❸ Facility Capacity: Occupancy rate, availability of the services we need most, general housekeeping and maintenance, atmosphere, hospital bedrooms, and non-medical services like laundry and meals.

❹ Medical Procedures & Services: Equipment, sterile technique, and safety; monitors, lab tests, XRays, ICU and acute (ER) care, interpreter services, patient education, and pharmacy.

❺ Policies: Infection control, informed consent, pain management, risk management, and protection of patient information.

Each quality element is scored a 1 for adequate, 0 for absent, or 2 for excellent. An average rating of 28, then, indicates the facility is doing well providing overall quality medicine. Any "0" score reminds the command to develop a plan to fill in, or mitigate, that element of care.

Happily, nearly every facility we use meets or exceeds the standards. If we can't mitigate the quality gap with our resources, the patient is transported to another facility where it is available.

Rules for Retroactive Enrollments

Uli Engel
Deputy Chief, Regional Operations

One of the frequent requests TRICARE Europe receives from TRICARE Service Centers 'in the field' is whether or not we are allowed to back-date an enrollment. Most of the time, this request is based on a claim processing problem. The most common problem is that a claim is processed under the TRICARE Standard Option instead of under TRICARE Prime.

Occasionally we also get a request for a beneficiary who was enrolled in another Region at the time the care was rendered and did not follow TRICARE rules which resulted in unpaid portions of the bill(s).

Another common situation is that the beneficiary did not transfer their enrollment in a timely manner.

TRICARE Policy Manual, Chapter 12 Section 7.1, provides the guidelines and procedures of when a retroactive enrollment may be approved and to what extent.

Authorization for all retroactive enrollments must be obtained from the TRICARE Europe Office (Regional Operations Division) and will only be granted on a case-by-case basis for the following situations:

❶ Emergency cases that require case management. The retroactive enrollment start date will not be earlier than the first day of the month that the enrollment request is received.

Example: A *TRICARE Standard beneficiary has a car accident on May 20, 2004 and it is determined that he/she needs to be placed under immediate case management. If this documentation is provided along with the request we can authorize a retroactive enrollment with a start date of May 1, 2004.*

❷ Newborns (only *after* the newborns' first 120 days). Note: No TRICARE authorization is needed to back-date enrollment within the *first* 120 days.

Example: *TRICARE eligibility of a newborn was not established in DEERS until six month after the birth due to paternity problems. The request for the retroactive enrollment must include relevant documentation/ correspondence/court orders, etc.*

❸ Administrative errors.

Example: *A Beneficiary submitted an enrollment request (and has a copy for proof) and the enrollment form was misplaced at the TSC. In this case, we need a copy of the original enrollment form and a letter from the TSC stating that the form was misplaced in their office.*

Another common scenario is that an enrollment form was received on April 28, for example, but the enrollment start date was incorrectly entered as May 28.

In order to see if the specific case allows for the exception, all documentation pertaining to the case and a written explanation of the case must be submitted at the time of the request.

Reservists Eligible for TRICARE Dental Program

Dr. George Schad
TRICARE Dental Plan Overseas Coordinator

The TRICARE Dental Program (TDP) is available for Selected Reserve and Individual Ready Reserve (IRR) members and their families both in the states and overseas.

The rules and guidelines that govern the Reserve portion of the TDP differ somewhat from the rules that govern the active duty family member program.

Reserve forces fall into two special categories, the "Selected Reserve" and "Individual Ready Reserve" (special mobilized category) and IRR (other than special mobilization category). Depending on what category of Reservist determines monthly premiums you have to pay and whether the U.S. government subsidizes that payment.

Payment requirements for the different categories of beneficiaries are available in the UCCI Benefits Booklet, which is available online at www.ucci.com.

Reservists who are called to active duty for more than 30 days must ensure that their Active Duty status is accurately reflected in DEERs and with UCCI. If it is, then they can enroll their family members as active duty beneficiaries.

The Reservist who is called to active duty for more than 30 days cannot use the TDP for their dental care. Their dental care needs are handled by military dental treatment facilities. Benefits and premiums are the same for activated Reservist families as they are for active duty family members.

TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: ***I will be separating from Active Duty soon. Am I entitled to receive any continued health benefits after I separate that will cover me and my family until I enroll to a civilian health insurance company?***

A: Our separating service members have two options for transitional healthcare. Below are some highlights of the benefits that are available.

❶ **Continued Healthcare Benefit Program (CHCBP).** This program provides transitional benefits for a specified period of time (usually 18-36 months) to former service members and their families. Although the benefits under CHCBP are similar to TRICARE Standard, it is not a part of the TRICARE program. Enrollment is required and there are premiums associated with this program. Humana Military Healthcare Services manages this program. Visit the following link for more information: www.tricare.osd.mil/chcbp/

❷ **Transitional Healthcare Benefits for Former Active Duty members and their Families.** With this program, certain former Active Duty members and their families are eligible for transitional healthcare benefits when the sponsor separates from active duty. Once the member is determined to be eligible for the program, their TRICARE benefits may be extended for up to 180 days after the separation date. Note that eligibility is determined by your Service personnel section and not by TRICARE. See www.tricare.osd.mil/tricarehandbook/ or visit your local TRICARE service center for more information.

Q: ***If I want to have cosmetic, plastic, or reconstructive surgery done at my, will I need to contact TRICARE for authorization?***

A: If you are considering scheduling a surgery at an MTF, first contact your Primary Care Manager (PCM). If you are seeking care from a civilian provider for cosmetic, plastic, or reconstructive surgery, your PCM will forward your referral via your local TRICARE Service Center Health Benefits Advisor (HBA) or Beneficiary Counselor and Assistance Coordinator (BCAC) to our Nurse Case Managers here at TRICARE Europe.

If your request is allowable under TRICARE policy, the surgery may be authorized. For more information call or visit your local TRICARE Service Center.

"Freeze Out" Periods During T-NEX Transition Lead to Enrollment Delays

Vicki Linscombe
SAIC Program Coordinator

Over the course of the next six to eight months, we will encounter periods of "enrollment freezes" as new TRICARE regions in the U.S. roll out. This means that we will be temporarily unable to enroll inprocessing beneficiaries from affected transitioning stateside regions to TRICARE Europe.

For instance, Region 2 & 5 are currently in an "enrollment freeze" period. Any beneficiaries who move from one of these two regions to Europe will not have their enrollment transferred to Region 13 until after their freeze has ended (typically four weeks).

Why is that important to us? Here are some examples: While a beneficiary is currently living and working in Germany, their enrollment still shows that they are enrolled in Virginia. Should the beneficiary try to make an appointment, DEERS will indicate they do not have the proper enrollment to do that. Should the beneficiary receive emergency care on the economy, the provider will file a bill with Wisconsin Physicians Service, and WPS will then forward it to another region (since it looks as if they were out of their region and receiving care). Should the beneficiary try to make an appointment with a host nation provider through the referral process, the local national provider will file the claim directly with WPS, and there will be problems getting the bill paid correctly and in a timely fashion.

SAIC is asking all Medical Services Coordinators (MSC) in Europe to collect and hold enrollment data for later processing for affected beneficiaries. Kimberly Johnson, TRICARE MSC in Gaeta Italy, will function as the central enrollment POC for this data.

Johnson, along with SAIC's Arlene York, will work to have all transactions processed as soon as possible (using the effective date the beneficiary signed the enrollment form).

- Transition to the new **TRICARE West Region** is phased in from June through Oct. 2004
- Transition to the new **TRICARE North Region** is phased in from July through Sept. 2004
- Transition of TRICARE Southwest, Gulf South, and Southeast regions to the **TRICARE South Region** will be in the 3rd quarter of 2004
- The South Region will also provide specific contractual services for TRICARE Europe, TRICARE Pacific, and TRICARE Latin America/ Canada regions.

How can you help the beneficiary? Educate all TRICARE staff who process claims that it is essential to check the enrollment of all beneficiaries during any referrals to ensure the beneficiaries are not from a region in a "freeze status."

If an enrollee is not yet transferred to TRICARE Europe due to an enrollment freeze, the bill **SHOULD NOT** be submitted until the enrollment issue has been resolved. Establish a process to hold these bills and ensure that providers knows there will be a delay. Lastly, inform beneficiaries who seek emergency care of this temporary problem.

We will continue to update you of these changes and will send out updates as the regions continue to 'roll out.' Should you have any questions or concerns, please feel free to contact me directly at 49(0)-631-303-35-513 or at ***vicki.v.linscombe@saic.com***.

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